FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L09363

(7)

ELENA	A DE SOCARRAZ, P.A.		` '			 	1 8188			i Oplik Bibki III.	
Principal Place	e of Business	Mailing Addre	95					ii eren biek d			
800 DOUGLAS ROAD SUITE 160. BLDG \$\frac{1}{2}\$\$ CORAL GABLES FL 33134 800 DOUGLAS ROAD SUITE 160. BLDG. B CORAL GABLES FL 33134											
US		U\$	CEO IL OUI	J 4		Date Incorporated o	r Qualified	3a. Date of	Last F	leport	
						08/14/1989		05/0)1/19	95	
	ace of Business	2a. Mailing Ad	dress			4. FEI Number				Applied For	
21		26				65-0157220				Not Applicable	
Suite, Apt. #, etc.		27				5. Certificate of Status	Desired [\$8.75 Additional Fee Required			
City & State	е		City & State			6. Election Campaign F	Election Campaign Financing \$5.00 May Be				
23		28	- · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution LJ Added to Fees				
Zip			7 _{IP}		,	This corporation has	8. This corporation has liability for intangible tax under s 199,032,				
24	25 29 9. Name and Address of Current Registered Agent			30		Florida Statutes	Florida Statutes				
	9. Name and Address of Curre	ent Hegistered Agen	ıt	81	T	10. Name and Addres	s of New Reg	istered Age	ent		
				01	Name						
SOCARRAZ, ELENA DE				82	Street A	ddress (P.O. Box Number is No	s (P.O. Box Number is Not Acceptable)				
7005 SW 105 COURT					800	DOUGLAS RO					
MIAMI FL 33173				83	3017	E 160, BLDG.	3				
				84		L GABLES		FL	35 Zi	p Code	
11. Pursuant t	to the provisions of Sections 607,050	02 and 607.1508. Flori	ida Statutes	the above i	omed ee	posolina a desire delle et le	for the numa				
	red agent, or both, in the State of Flor th, and accept the obligations of, Sec			by the corp	oration's b	loard of directors. Thereby acce	ept the appoint	tment as reg	istered	l agent. I am	
SIGNATURE	th, and accept the obligations of, sec	2110H 607:0303, FIDHQ:	a Statutes.								
	Signature, typed or printed name of registered ager		(NOTE	: Registered Ager	it signature re	(uired when reinstating)	— 	DATE	·		
12.		ND DIFFECTORS		13.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTO	PRS IN 12	
TITLE	D	∐ DE	☐ DELETE		İ				Change	☐ Addition	
NAME	SOCARRAZ, ELENA DE			1.2 NAME	İ						
STREET ADDRESS	800 DOUGLAS RD, 160B			1.3 STREFT	ADDRESS						
CiTY+ST-ZIP	CORAL GABLES FL			1.4 CITY - S	1 - Z(P						
TITLE		☐ DE	LETE	2 1 TITLE					hange	☐ Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRESS						
CITY - ST - ZIP				24 CHY - S	T - ZIP					_	
TITLE		☐ DE	LEIE	3 1 TITLE					hange	☐ Addition	
NAME				3 2 NAME							
STREET ADDRESS				3.3. STREET	1						
CITY-S1-2IP TITLE			LETE	3 4 C/TY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·					
		☐ DE	Ltit	4.1 TITLE					hange	Addition	
NAME CTOSS F ADDOSSO				4.2 NAME	-					ļ	
STREET ADDRESS				4.3 STREET	- 1						
CITY-ST-ZIP TITLE		[] DE	LETE	4.4 CITY - S	I-ZIP						
NAME		[] DE	CEIE	5. 1 TITLE				□ c	hange	Addition	
				5 2 NAME							
STREET ADORESS				53 STREET							
CITY-S1-ZIP TITLE			LETE	54 CITY-S	I - ZIP						
		□ DE	CCIE	6. 1 TITLE	-			□ c	hange	Add-tion	
NAME CIRCLI AGORGO				6.2 NAME							
STREET AODRESS				6 3 STREET	ADDRESS						

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information of dicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer explicator of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or flock 13 if changed, or on an attantinent with an address. Mena de Aucares Elena de Sochera 4/16/96 (305)443-1306 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR **SIGNATURÉ**